

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">66/6964-7</div>	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
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42		/					92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47	/						97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	58						TOTAL DEP.						
TOTAL CLAIMS	67						TOTAL CLAIMS						